DOCUMENT RESUME

ED 087 533 PS 006 931

AUTHOR	Parsell, Neal, Ed.
TITLE	Growing Up in Idaho: The Needs of Young Children.
INSTITUTION	Idaho State Office of Child Development, Boise.
PUB DATE	[73]
NOTE	23p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Child Abuse; Child Development; *Child Rearing; *Children; Emotional Development; Environmental Influences; Handicapped Children; *Health Education; Nutrition; *Services; Social Development; State Agencies; *State Surveys
IDENTIFIERS	Idaho

ABSTRACT

The purpose of this pamphlet was to make the Idaho public aware of the needs and status of young children in their state. The information comes primarily from the findings of three major research surveys conducted by the Idaho Office of Child Development. The first survey was designed to identify existing services and resources for children, youth and families in Idaho. Two medical students from Idaho conducted the interviews for the second survey - a prenatal, perinatal, and postnatal study. The third study randomly sampled two percent of the families in Idaho with children under six. Some of the topics covered in this booklet include child nutrition, prenatal care, health care, emotional environment, social development, handicapped children and parents, and child care. (CS)

ED 087533

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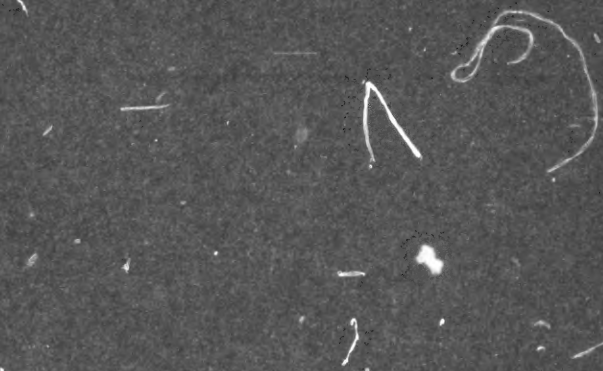

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STATE OF IDAHO
Office of the Governor
Boise

Cecil D. Andrus
Governor

Nothing is more important than the well-being of our children.

Until very recently, however, there has been very little reliable general information about the needs of children in our State. We lacked solid factual data on our most important resource.

That vacuum has now been filled by an exhaustive study just completed by the Idaho Office of Child Development. I am pleased to share some of the findings of that study with you.

I hope this booklet will help you--the citizens and parents of Idaho--to understand some of the child development problems that face us, so that we may work together to make Idaho an even better place for children to grow and thrive.

Cecil D. Andrus

CECIL D. ANDRUS
Governor of Idaho

Preface

The information in this pamphlet comes primarily from the findings of three major research surveys conducted by the Idaho Office of Child Development. These findings have been supplemented with information from Vital Statistics, the Department of Environmental and Community Services and from professional journals relating to Child Development.

The first survey was designed to identify existing services and resources to children, youth and families in Idaho. Three field workers located and interviewed managerial personnel currently providing services that range from State supported services such as public health to community groups with summer recreation programs. Also included were private and public kindergartens, child care, and special education. An exhaustive attempt was made to locate all vendors of services to children within the State of Idaho.

Some of the questions related to the growth of the programs, estimated costs, number of children served, special criteria for admission, fee, and whether it was a public or private organization. This information was used to compile a service directory and identify gaps and overlaps in the service pattern.

Two medical students from Idaho conducted the interviews for a second survey--the prenatal, perinatal and postnatal study. They interviewed 50 percent of the obstetricians and pediatricians in the State as well as 25 percent of the general practitioners; and reviewed maternal and child records in 90 percent of the hospitals in Idaho.

The data from the survey was combined with medical knowledge from journals and technical advice from the Department of Obstetrics, University of Washington School of Medicine to produce a technical report on the prenatal, perinatal and postnatal status of children in Idaho. This study was conducted with a supplementary grant from the Western Interstate Commission for Higher Education.

The third study randomly sampled two percent of the families in Idaho with children under six. About 1,000 parents were personally interviewed about their children's health, immunization, the availability of medical care, child care, nutrition and family size, education, housing, and other factors.

We feel that it is critical that the public be made aware of the needs and status of young children in Idaho. Hence we have prepared this pamphlet from our findings, relevant professional literature, and child development studies. We sincerely hope that the major needs identified in this pamphlet will be resolved through action by those Idahoans who are truly interested in the quality of life for our children.

TABLE OF CONTENTS

Governor's Letter vii

Preface ix

Child Nutrition 1

Planned Pregnancy 2

Low Birth Weight 3

Prenatal Care 4

Education for Parenthood 5

Health Care 6

Immunizations 7

Eye Care 8

Dental Care 9

The Child's Emotional Environment 10

Social Development 11

Handicapped Children 12

Handicapped Parents 13

Accidents 14

Child Care 15

Child Abuse and Foster Care 16

Recommendations 17

Child Nutrition

Over 90 percent of the preschool children in Idaho are not receiving the recommended daily amount of iron in their diets. Over 50 percent are not receiving the recommended daily amount of vitamin C. Other dietary deficiencies also appear to be present. They include Niacin, Vitamin A and total food energy intake.

In cases of severe malnutrition in children less than two years old, follow-up studies have shown a delay in language development and an average loss of 13 IQ points. This loss could not be remedied by later nutritional input. Prolonged nutritional deficiencies affect physical growth as well as mental growth.

Mothers need to be given more information about nutrition and meal planning for their children. Programs including newspaper articles, classes, demonstrations and educational television, could be initiated in local communities with help from the Cooperative Extension Service. Schools could increase the amount of emphasis placed upon nutrition in health classes as well as in home economics. Pamphlets and information are available in all counties through public health nurses and the cooperative extension service. Specific kinds of nutritional problems often require the help of a physician.

Planned Pregnancy

ABOUT 1,000 ILLEGITIMATE BABIES WERE BORN IN IDAHO IN 1972

Unwanted pregnancies can result in children with congenital defects and mental health problems. Unwanted children create an emotional and financial burden on families and schools, and in many cases cause additional demands on the state for services. A Swedish study has shown a significant difference in the number of congenital defects between wanted and unwanted children as well as a greater need for social services later on.

Pregnancies that are too close together put a strain on the mother's body and can lead to miscarriages, neonatal deaths and premature infants. Pregnancies in mothers over 30 years old increases the chances of mental retardation and handicaps.

Private physicians and public health family planning clinics can provide information and contraceptives to assist those interested in family planning. Private organizations such as Planned Parenthood also offer assistance.

Prenatal Care

In parts of Idaho less than 60 percent of all mothers received prenatal care during the first three months of pregnancy, while in other areas as many as 15 percent did not receive prenatal care until the last three months of pregnancy.

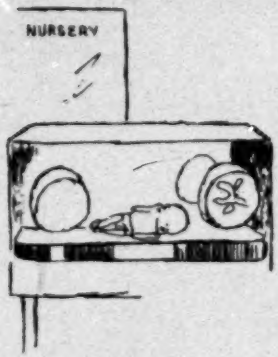
Approximately seven percent of all babies born in Idaho are premature or have a low birth weight (less than 5 lbs., 8 ozs.).

Lack of good prenatal care and low nutritional intake throughout pregnancy are two causes of low birth weight babies. Maternal infections do the most damage to the infant during the first three months of pregnancy. Medical care during this period can reduce the incidence of infection, or control it to reduce the risk to the baby. Physicians all emphasize the need for early and consistent prenatal care. Although doctors do not completely understand how nutrition affects the developing fetus, they consider it to be one of the basic determinants of the health of the baby, and one of the most critical factors during pregnancy. Prenatal care and good nutrition must be stressed more in health, family life, and home economics classes so that teenagers will be aware of their importance before they become parents. Existing services include: private physicians, public health nurses, Cooperative Extension Service home economists, and the Department of Environmental and Community Services' unwed mothers project.

Low Birth Weight

Seven percent of the children in Idaho are born with low birth weights.

This means that about 980 children yearly need extra care, stimulation, and medical supervision if they are to develop as healthy children. About 200 need intensive first year family support programs.



A research study in Chicago concluded that low birth weight children not given special support programs showed reduced intelligence. By five years of age it is usually impossible for the child to recover, and there are usually accompanying health and growth problems.

Exploratory programs to combat poor prenatal and perinatal conditions have been developed in several communities in the United States. Results indicate that if help is provided, the infant's development progresses normally. These programs usually involve medical, psychological, and educational support to parents on a weekly basis. Early program components usually involve specially developed and equipped neonatal nurseries.

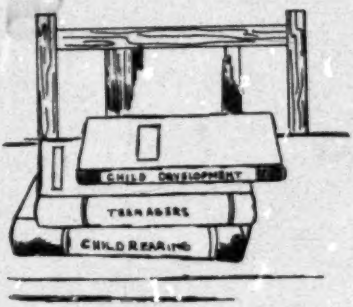
Later programs can be home-based, with specialists from hospital clinics, child development centers, public health centers, kindergartens, and head start programs providing mothers with training and special equipment.

Education for Parenthood

In 1970, 2,555 babies were born to teenage mothers in Idaho.

Some of these infants are considered "born at risk" because their mothers had not reached the optimum age (20-30) for physically supporting a developing infant.

Risk conditions can affect the development of the child and require more help and attention from the parents--skills which teenage parents are not always ready to handle. Often medical and psychological services are needed to support the development of the baby. In addition, the teenage mother's nutritional level is often not adequate for her own body, much less for a developing infant as well.



Since the average prenatal and birth costs are approximately $1,500, and the current estimated cost of raising a child to age 18 is about $60,000, most teenage couples clearly lack the financial resources for supporting a family.

Many young parents have problems with their children because they do not understand good child development and the important roles that parents play in their children's social, moral, intellectual and emotional development.

Some pre-parenthood education currently exists in health and home economics curriculums. However, except in a few instances where strong family life courses are taught, there is little comprehensive factual information about parenthood that is given to teenagers. Idaho needs pre-parenthood education by schools, churches, clubs, and parents.

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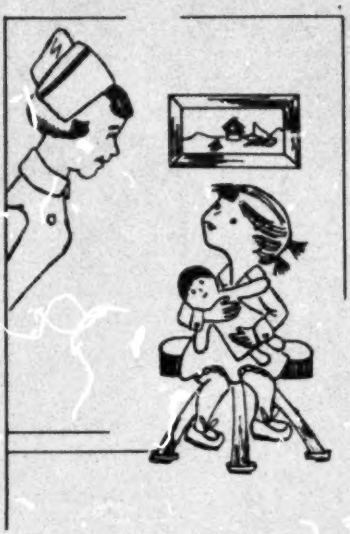
Health Care



Less than 40 percent of the children in Idaho visit a pediatrician regularly.

Less than 75 percent have a family physician to provide regular care.

About 16 percent do not visit a physician as often as they feel necessary.

About seven percent of the children in Idaho have chronic untreated health conditions.

Serious inequalities exist in the ways families with different economic resources are able to purchase health care for their children.

Most people living at the poverty level cannot provide for adequate health care on a basis other than emergency care.

This means that approximately 7,500 preschool children in the State of Idaho are not receiving preventive health information. Good home health care can also be emphasized through programs such as Head Start, day care centers, child development programs, school health classes, and family doctors. Broader solutions to obtaining care may include health maintenance clinics or national health insurance.

Immunizations

A home survey conducted by the Idaho Office of Child Development showed:

80 percent of the four to six year old children are not up-to-date in their DPT immunization schedule.

88 percent of the six year olds have not received their final polio booster.

36 percent have not received their Rubeola shot.

36 percent have not received their Rubella shot.

65 percent have not received their mumps shot.

2 percent of the parents in the State did not know where to obtain immunizations.

90 percent of the ADC children screened in some parts of the State were lacking up-to-date immunizations.

Polio, Diptheria, Small Pox, Tetanus, and Whooping Cough are all severe childhood diseases that can cripple or kill children. Because of immunization many of these diseases are no longer "common." However, Rubella (measles) can severely handicap an infant if the mother contracts it during the first part of the pregnancy. The more children are vaccinated against Rubella, the less likely it will infect pregnant mothers. High fevers that accompany any infection can cause brain damage in infants and young children. Mothers must be made aware of the importance of immunizations. Health classes, information campaigns, and other sorts of reminders are possible at the community level and could be sponsored by local groups in conjunction with private physicians and the public health nurses' immunization clinics.

Eye Care

The rate of visual defects in Idaho is relatively low. The Delta Gamma Sorority screened 2,163 children in Idaho from three to six years of age during 1969-70. 2.9 percent were referred for diagnostic work-ups, which revealed refractive error, muscle imbalance, amblyopia, and other defects.

Early treatment of amblyopia is essential; it cannot be corrected later in life. Refractive error when not corrected reduces visual input, which is vital in a child's early learning experiences.

Early detection remains the major problem. Screening by the Delta Gamma Sorority covered less than 6 percent of the 3 to 6 year old children in the State of Idaho. Environmental and Community Services has now initiated a screening clinic which is comprehensive; it may cover an additional 2,000 children. Treatment is usually available through local optometrists, or opthamologists for those able to afford it. In cases of financial need, the Lion's Clubs have formed a sight foundation which may pay for the necessary services and help get eye glasses when needed.

Dental Care

The Idaho Office of Child Development survey found that less than fifty percent of three to six year-old children had seen a dentist within the past year.

One Percent of the children surveyed had untreated dental problems known to their parents.

The early periodic screening conducted by the Department of Environmental and Community Services found that as high as 90 percent of children ages three to six, in some communities throughout the State needed or had had dental work.

Failure to initiate preventative steps results in discomfort, extractions, and in some cases damage to the permanent teeth and even speech problems. Preventative strategies for young children include the following:

1) Good oral hygiene under close parental supervision.

2) Periodic examinations to prevent major dental work.

3) Good nutrition preventing the excess intake of sugar and carbohydrates.

4) Fluoride treatment.

The Child's Emotional Environment

It is difficult to determine the number of children under six years of age who may not have an adequate emotional environment.

However, over 100 cases of child neglect have been reported monthly to the Department of Environmental and Community Services--a good indication that rejection is occurring. Also, in 1970, 3,715 single parent households were identified by the Census Bureau as having children under six years old--a good indication that the conditions for rejection were or are present.

Children who do not have an adequate emotional environment begin to lag early in their development and, without intervention, are often mildly retarded by age three.

One of the best solutions to this problem would be to provide education for responsible adult family life. Several programs throughout the country have been developed for junior high and high school students. Schools, churches, and youth organizations can do much to help teenagers understand family relationships and child development. More pre-parenthood and family education is needed throughout the State to improve the lives and development of children.

Other solutions can include family support services to train parents and provide materials and additional services when necessary. Family services may include employment counseling, management counseling, and home economics training. Some courts now provide a lawyer to represent the interests of the children in divorce cases.

Social Development

One and six tenths percent of the AFDC children screened by the early periodic screening program showed lags in their social-personal development.

One percent of the 1,300 children involved in the Idaho Office of Child Development survey had lags in the Development of their social competence.

85 percent (national) of the people fired from jobs lose their jobs because of interpersonal reasons.

Social development is one of the basic areas of growth for the child--it encompasses his ideas of himself, his ability to take care of himself, and his ability to relate to other people in society.

Social development begins at birth with the baby's dependence on parents for nuturance. It progresses as a child reaches for something and learns that he can be independent. Later he imitates adult behavior and plays with other children, learning social roles and cooperation. In a democracy, it is vital that citizens can be both independent and cooperative in their thinking and actions. Childhood is the time when basic ideas of self in relation to other people, decision making, value systems and responsibility develop. These growing skills, often learned through play, are the basic fabric of our culture and necessary if children are to become healthy, productive citizens in our changing society.

Opportunities for social development can be found in nursery schools, kindergartens, church groups, Head Start and neighborhoods.

Handicapped Children

Children born handicapped need specialized assistance for at least the first five years of life. Approximately 280 children are born in Idaho each year with handicaps detectable at birth or during the first year of life.

The possibility of either developing compensatory skills or ameliorating the effects of the handicap decreases rapidly as the child grows older. By age five (eight years at the outside) lasting change is unlikely to be achieved.

Solutions need to aim at providing a continuity of care that starts early in a child's life. Early intervention programs before a child's first birthday have proven effective for children suspected of being handicapped. Philadelphia General Hospital has a program that identifies handicaps in infants and has a program for the babies and the parents. This program has found that they can improve the babies' development before their first birthday.

Although the first year is very important, programs for handicapped children and their parents need to continue. Childhood is a time when many kinds of development occur and the handicapped child needs extra support for this growth.

In Idaho we need better early detection procedures and better resources to assist the parents.

Handicapped Parents

About five percent of the families in Idaho have deaf, emotionally disturbed or mentally retarded adults. Thus, about 700 children yearly are born into homes that need outside social services.

According to some studies, only about 40 percent of the children raised by emotionally disturbed parents will have healthy adult personalities. The risk is higher for those raised by mentally retarded parents.

Family support programs can be developed for these families. Trained para-professionals have helped mentally retarded and deaf parents raise their children by providing homemaker services, nutritional information, health services, and specialized child development programs. In some cases the child needs special help and attention in a program outside the home. Emotionally disturbed parents can also use this kind of help. A multidisciplinary approach to development is required; medical, social, psychological, and educational professionals are needed. These support programs are usually set up through health centers, child development centers, or Head Start programs. Results of multidisciplinary programs such as Graber and Heber have provided in Milwaukee show IQ gains of over 30 points in the child during the first six years of life.

Accidents

In 1971, Idaho ranked 8th in the nation with deaths by accident. For children up to age four, accidental deaths can be broken into the following categories:

19 percent automobile accidents

16 percent non-motor vehicle accidents on public property (swings, bicycles, etc.)

64 percent accidents at home (drownings, falls, fires, guns, suffocation, poisoning by gas).

During 1972, 451 Idaho children were injured in accidents involving automobiles–more than one per day.

Parents must take steps to prevent accidents to their children. Homes need to be made "child proof" by keeping dangerous objects out of reach, putting gates on steep stairs, being careful with electrical outlets and appliances, and being aware of what the child is doing at all times. Seat belts, safety harnesses, and car seats should all be safety approved to help reduce automobile injuries. Parents should also carefully check all toys for sharp points or edges, loose parts, and other hazards. The National Safety Council has an information booklet for parents called SAFE TOYS FOR YOUR CHILD.

Child Care

Thirty-one percent of the children in Idaho under six years of age have mothers who work away from home.

Sixty percent of the State's day care facilities provide only custodial care. Thirty-three percent provide some education and only seven percent have any sort of developmental program.

Our survey indicated that the demand for full, adequate child care is growing and that this demand is not being met in some areas of the State.

Many children are currentiy being cared for in facilities that are physically dangerous and do not meet minimum safety and health standards. Many could also be classified as deprived environments for learning and social development.

In many cases, relatives are able to provide good child care when a mother has to work. However, this is often not possible, and the result has been a demand for quality child care in day care facilities. Health and safety standards are not mandatory in Idaho, so parents must look carefully for good child care. In some communities child care with educational, health and nutritional components is offered on a full day basis through Head Start. Parents need information about what to look for in good day care. Community groups could sponsor a public information campaign. Workshops could be organized for the people providing the child care in order to improve the quality of day care in their community.

Child Abuse and Foster Care

Approximately 250 Idaho children are seriously abused each year.

Six hundred children under 18 in the State of Idaho are currently living in foster care homes because their parents are unable to take care of them.

There is a continual need for more good foster parents and foster parent training in Idaho. A good foster parent is a very special person who is able to give children the love, protection, and understanding that they need. Good shelter or emergency care for children (usually abused or neglected) awaiting court decisions or the settling of family crises is in even shorter supply than good foster homes. The Department of Environmental and Community Services is responsible for providing child protective services and child abuse reporting throughout the State.

Legislation passed in 1973 places the responsibility for reporting child abuse on anyone knowing of the problem. If reported without malice, the person is given immunity from libel suit when testifying on behalf of the child.

Recommendations

As a result of the needs surveys, the Idaho Office of Child Development recommends the following programs to improve the developmental conditions of Idaho children:

1. That the state and local communities initiate an all-out campaign to enhance responsible parenthood. The following information should be available to all parents and teenagers:

   A. Optimal conditions for conception and prenatal development of a child.

   B. Optimal child development conditions and skills including nutrition, health; physical, social, emotional, and intellectual growth.

   C. Community resources available for helping and enhancing the growth of children.

2. That the State expand the early periodic screening program to include all children 0—6 in the State of Idaho. This program provides a comprehensive screening, checking for common problems in the areas of medical (including immunization) visual, auditory, dental, nutritional, social, intellectual and physical development.

3. That the State of Idaho develop multidisciplinary programs for "high-risk" children (ages 0-6) that are primarily home-based. Such programs would serve low birth weight infants, babies medically identified as high-risk, children in less than optimal environments and children having developmental lags. The program could be administered by child development centers in conjunction with the early periodic screening. The program could provide skills for parents with help from professionals and paraprofessionals to initiate the needed intervention.